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## Arrhythmias and Clinical EP

## OUTCOMES OF TEMPORARY ACTIVE-FIXATION LEAD IMPLANTATION AFTER TRANSVENOUS LEAD EXTRACTION IN PACEMAKER DEPENDENT PATIENTS

Poster Contributions

Poster Hall B1

Saturday, March 14, 2015, 10:00 a.m.-10:45 a.m.

Session Title: Contemporary Challenges in Cardiac Implantable Device Management

Abstract Category: 6. Arrhythmias and Clinical EP: Devices

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**Background:** The incidence of cardiac implantable electronic device infection is constantly increasing requiring transvenous lead extraction (TLE). Current guidelines recommend a 72-hour waiting period before reimplantation in patients without endocarditis and 14 days with endocarditis. Pacemaker dependent patients require temporary pacing during this period. We report a single center experience with the use of active-fixation permanent pacemaker leads for temporary pacing after TLE.

**Methods:** We evaluated patients implanted with temporary active-fixation leads post TLE at our center between April 2004 and March 2014.

**Results:** Temporary active-fixation leads were placed in 139 patients (12.1% of total 1148 procedures). Mean age was 74±11 years. Most common site was right internal jugular vein. Median duration of the temporary lead was 6 days (range 1-29). There were no procedural complications; however, there were 11 complications post-implantation (7.9% incidence). Four lead dislodgements, one microdislodgement, three leads pulled out by a delirious patients, two vegetations on the temporary lead and one loss of capture due to generator "safety switch". All dislodgements occurred within 24 hours, except one on day 3. Statistically significant predictors of dislodgement were history of ischemic cardiomyopathy, coronary artery bypass graft and presence of endocarditis. Sixteen patients (11.5%) died during the hospital stay; ten patients died from septic shock, two from hyperkalemic cardiac arrest, three patients had ventricular tachycardia and one from a massive stroke. New device was reimplanted in 92.4% patients (84.9% endocardial and 7.5% epicardial).

**Conclusion:** In conclusion, use of temporary active-fixation permanent pacemaker leads is safe and efficacious in pacemaker dependent patients post TLE. However, dislodgement can occur within the first 24 hours, especially in patients with ischemic heart disease. Persistent fever and positive blood cultures should raise concern for vegetation on the temporary lead. In addition, "Safety switch" must be turned off at time of implant to avoid further complications.